

ROUTING AND TRANSMITTAL SLIP

Date 0.4 DEC 1979

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	<i>May Stanton</i>		
2.			
3.			
4.			
5.			

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Attached Visit Request Form is forwarded to you
for your information. Original request form will
be retained on file in DAMI-RMA.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
<i>James D. Stanton</i> JAMES D. STANTON LTC, GS Chief, Personnel & Services Div	2C474
	Phone No.
	70326

5041-102

GPO 448-16-83346-1

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206